



CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

Submit original application only; replications will not be accepted except for "Employment Experience" (page four).

The Town of Warren considers qualified applicants for all positions without regard to race, color, religion, creed, national origin, age, gender, marital status, sexual orientation, veteran status or any other legally protected status or disabilities that do not interfere with job performance.

This application form will be used to evaluate whether you qualify for the specific position for which you are now applying. Please read the descriptions of position, duties and qualifications carefully before filling out this form. Complete the entire application and attach a personal resume (if available).

(PLEASE PRINT)

Position applied for: _____ Date: _____

Have you ever filed an application with the Town before? ___Yes ___No Date: _____

Have you ever been employed by the Town before? ___Yes ___No Date: _____

Name: _____
Last First Middle Initial

Address: _____
Number Street City State Zip Code

Number of years at this address: ___ Telephone: (___) _____ Daytime: (___) _____

1. Are you 21 years of age or older? ___Yes ___No
2. Do you have a valid driver's license? ___Yes ___No
3. Are you legally eligible to work in this country? ___Yes ___No
4. Are you currently employed? ___Yes ___No
5. May we contact your present employer? ___Yes ___No
6. Are you on temporary layoff or recall status? ___Yes ___No
7. Are you available to work: ___Full-Time ___Part-Time ___Other? Date: _____
8. Are you able to perform the "essential functions" of the position you are applying for, with or without reasonable accommodation? (Do not provide details.) ___Yes ___No

EDUCATION:

1.	Name and Address of School	Course of Study	Years Completed	Diploma Degree
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High School: _____

College: _____

Trade/Other: _____

2. Name of last school or college you attended: _____

Year Last Attended: _____

3. List any foreign languages you can speak, read and/or write: _____

4. Check for which trades you have received formal education:

Carpentry Electrical Plumbing Heating Other _____

Trade Certificate/License/Registration No. _____ State _____

Describe any other specialized training or education you have received through past employment or experience. _____

SPECIALIZED SKILLS

(List skill/equipment operated)

Office/Clerical:

Fire/Police:

Public Works:

<input type="checkbox"/> Telephone	_____	_____
<input type="checkbox"/> Fax Machine	_____	_____
<input type="checkbox"/> Calculator	_____	_____
<input type="checkbox"/> Typewriter/wpm	_____	_____
<input type="checkbox"/> Dictation/wpm	_____	_____
<input type="checkbox"/> Payroll Data Input	_____	_____
_____	_____	_____

COMPUTER EXPERIENCE Data Input Word Processing Excel Word

List other software programs you are familiar with: _____

OTHER QUALIFICATIONS

Summarize any special job related skills and qualifications or any additional information that you feel may be helpful to us in considering your application.

REFERENCES

List names, titles/positions and telephone numbers of three business/work references who are not related to you. If not applicable, list personal references who are not related to you.

1. _____	_____	(____) _____
Name	Title	Phone #
2. _____	_____	(____) _____
Name	Title	Phone #
3. _____	_____	(____) _____
Name	Title	Phone #

EMPLOYMENT EXPERIENCE:

Start with your present or most recent job.

Employer	From	To
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Address

Telephone Number(s)	Work performed
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Job Title	Supervisor
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Reason for Leaving

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Employer	From	To
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Address

Telephone Number(s)	Work performed
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Job Title	Supervisor
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Reason for Leaving

.....

Employer	From	To
----------	------	----

Address

Telephone Number(s)	Work performed
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Job Title	Supervisor
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Reason for Leaving

.....

Employer	From	To
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Address

Telephone Number(s)	Work performed
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Job Title	Supervisor
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Reason for Leaving

APPLICANT STATEMENT

I certify that the information I have provided herein is true, complete and correct to the best of my knowledge. I understand that if information provided by me is found to be false, incomplete or misrepresented, this may be cause for elimination from further consideration, or for discharge. I understand that all statements contained on this form are confidential. I authorize the investigation and verification of all facts as may be necessary for the purpose of arriving at an employment decision. I hereby waive any rights or claims I may have regarding the Town of Warren, its employees or agents for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process, and all other persons, corporations or organizations for such information about me. I understand and acknowledge that this application is not an employment agreement and does not define or establish the terms for such an agreement.

Signature of Applicant

Date

This application for employment shall be considered active for a period of time not to exceed sixty (60) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.